DISTRIBUTION CODE/ADDRESS OPTION SELECTION FOR JANUARY 1, 2001 WRS STATEMENTS OF BENEFITS

Complete this form to select a sort option for your January 1, 2001 Statements of Benefits. CHECK ONLY ONE OPTION and be sure to indicate if you will report on tape, diskette or paper.

Employer Name: _	Employer Number: 69-036
Name of Person completing this Form:	
\square OPTION A	Distribution Code Order
	Statements will be sorted in distribution code order and then alphabetically within distribution code.
	☐ Will Report On: ☐ Tape ☐ Diskette ☐ Paper
\square OPTION B	Employee Home Address
	Statements will be sorted by employee home address in zip code order.
	☐ Will Report On: ☐ Tape ☐ Diskette ☐ Paper
☐ OPTION C	Distribution Code Order with Home Address Printed
	Statements will be sorted in distribution code order and then, alphabetically within distribution code with employees' addresses printed on the Statements.
	☐ Will Report On: ☐ Tape ☐ Diskette ☐ Paper
□ OPTION D	Alphabetical Order
	Statements will be sorted by employee last name in alphabetical order.
	☐ Will Report On: ☐ Tape ☐ Diskette ☐ Paper

Return this selection form by February 16, 2001 to:

Dale E. Ferron

Department of Employee Trust Funds

PO Box 7931

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